

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

APPLICANT(S)

FILING DATE

342729 6/29/99

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	
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TOTAL NO.	5						TOTAL NO.							
TOTAL OFF.	5						TOTAL OFF.							
TOTAL	10						TOTAL							